

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V17513 (5)

1. Corporation Name
ECI TELECOM AMERICAS INC.



Principal Place of Business 1201 WEST CYPRESS CREEK RD. FT. LAUDERDALE FL 33309	Mailing Address 1201 WEST CYPRESS CREEK RD. FT. LAUDERDALE FL 33309-1912
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/27/1992	3a. Date of Last Report 02/08/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3109750	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHECH AHARON 1201 W CYPRESS CREEK RD FT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name Armando Cuesta 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Armando Cuesta* **Armando Cuesta** **25 February 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUBNER, DAVID		1.2 NAME	
STREET ADDRESS 30 HASIVIM STREET		1.3 STREET ADDRESS	
CITY - ST - ZIP PETAH TIKVA, ISRAEL		1.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNEDY, JOHN RICHARD		2.2 NAME	
STREET ADDRESS 120 WOODSTREAM COURT		2.3 STREET ADDRESS	
CITY - ST - ZIP MAITLAND FL		2.4 CITY - ST - ZIP	
TITLE DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHECH, AHARON		3.2 NAME	
STREET ADDRESS 5255 NW 109 WAY		3.3 STREET ADDRESS	
CITY - ST - ZIP CORAL SPRINGS FL		3.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME INBAR, DORON		4.2 NAME	
STREET ADDRESS 30 HASIVIM STREET		4.3 STREET ADDRESS	
CITY - ST - ZIP PETAH TIKVA, ISRAEL		4.4 CITY - ST - ZIP	
TITLE ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCVEIGH, CATHY N.		5.2 NAME	
STREET ADDRESS 548 E. LEHIGH DRIVE		5.3 STREET ADDRESS	
CITY - ST - ZIP DELTONA FL		5.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Doron Zinger		6.2 NAME	
STREET ADDRESS 30 Hasivim Street		6.3 STREET ADDRESS	
CITY - ST - ZIP Petah Tikva, Israel		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cathy McVeigh* **Cathy McVeigh** **26 Feb 97** **407-331-5500**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone

CR2E034 (9/96)